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PTO/SB/01 (10-00)

Approved for use through 10/31/2002 OMB 0651-0032

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	CLARATION		UT	ILITY OR DESIGN	Attorney Docket Number First Named Inventor	701826/50008 BATIST, Gerald		
F				N (37 CFR 1.63)	Complete if known			
	AND PO	WER	OF	ATTORNEY	Application Number			
					Filing Date			
\boxtimes	Declaration Submitted with	OR		Declaration Submitted after Initial Filing	Group Art Unit			
	Initial Filing			(surcharge (37 CFR 1 16(e)) required)	Examiner Name			

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and

joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:												
HEX II TUMOR-SPECIFIC PROMOTER AND USES THEREOF												
the specification of which												
is attached hereto.												
OR	OR											
was filed on	was filed on (mm/dd/yyyy)											
as United States	Application Number or PCT Ir	nternational Application I	Number									
and was amende	d on(mm/dd/yyyy)	(if applicable	.).									
	I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.											
including for continuation-in	I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.											
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.												
Prior Foreign Application		Foreign Filing Date	Priority	Certified Cop								
Number(s)	Country	(MM/DD/YYYY)	Not claimed	YES	NO							
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:												
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.												

Application Number(s)	Filing Date (MM/DD/YYYY)	_	
60/026,678	09/25/1996		Additional provisional application numbers are listed on a supplementa priority data sheet PTO/SB/02l attached hereto.

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

U.S. Pa		lication or PCT Number	Parent	Parent Filing Date (MM/DD/YYYY)				Parent Patent Number (if applicable)			
	PCT/	CA97/00691		09/22/1997							
	09/276,005		03/25/1999								
☐ Additional	U.S. or PCT	International applica	tion numbers are	listed or	a suppleme	ntal priority d	ata shee	t PTO/SB/02B	attached hereto:		
As a name to transact	ed invento all busine	or, I hereby appoi	nt the followir	ng regis k Office	stered prace connecte	ctitioner(s) d therewith	to pros	secute this a	application and		
	→ □ 0	ustomer Number							stomer Number Bar		
C	R 🛛 R	legistered practition	er(s) name/regi	stration	number list	ed below		Code Label Here			
	Nam	е	Registration N	umber		Name	e		Registration Number		
Robert Mitche	ell		25,007	·	James Angl	ehart			38,796		
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Paul Marcoux	x		24,990		Max R Woo	od			40,388		
Kevin P. Mur	phy		26,674		Kent Daniel	s			44,206		
Robert Carrie	er		30,726		Wayne H. Y	'an			44,485		
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and belief ar	e believed so made	Il statements made to be true; and furt are punishable by dize the validity of t	her that these so	tatemen onment,	ts were ma- or both, u	de with the l nder 18 U.	knowled	ge that willful	false statements		
Name of		First Inventor:			□ A	·			signed inventor		
	Given Nar	me (first and middle				Far	nily Nan	ne or Sumam	e		
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Inventor's Si	ignature	Ma		B	tofer		oate _	14/12	1000		
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City		Montreal	Province or State	Quebec		tal Code lip _	H3W 2L	.8 Co	untry Canada		
	al inventor	s are being named	on the 1 supp	olement	al Additiona	l Inventor(s)	PTO/SI	B/02A attache	ed hereto.		

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DECLARATION

ADDITIONAL INVENTOR(S) **Supplemental Sheet** Page <u>1</u> of <u>1</u>

					,						
Name	of Addition	☐ A petition has been filed for this unsigned inventor									
Given Name Maha						Family Name or Surname KAT					
Inventor's Signature		Mah	Taha Kal		I-ali			14-	-12-2000		
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	Montreal		Province or State	Quebec	Posta Or Zip	l Code	H3V 1H1	Count	try	Canada	
Name	of Addition	nal Joint	Inventor	, if any:	_ ,	A petition	has been f	iled for thi	s uns	signed inventor	
Given Name					Family N or Surna						
Inventor's Signature									Date		
Residence: City			State		Country		с	itizenship			
Mailing	g Address										
Mailing	g Address			1							
City			Province or State		Posta Or Zip	I Code		Coun	try		
Name	of Addition	nal Joint	t Inventor	, if any:		☐ A petition has been filed for this unsigned inventor					
Given Name					Family Name or Surname						
Invento Signat						T		Date			
Residence: City		_	State		Country	Country			Citizenship		
Mailing	g Address										
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City			Province or State		Posta Or Zip	l Code		Coun	itry		
Name	e of Additio	nal Join	t Invento	r, if any:	☐ A petition has been filed for this unsigned inventor						
Given Name				Family Name or Surname							
Inventor's Signature									Date		
Residence: City		-T	State		Country		c	Citizenship	,		
Mailing	g Address										
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City			Province or State		Posta Or Zi	al Code p		Cour	ıtry		

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